previous five years. The median follow up was 13 months with average of 18.3 months (ranged from 1 to 62 months).
Sustained clinical improvement was reported in 68% of patients. Sustained hemodynamic improvement were noted with; Mean toe pressure increase from 39.9mmHg to 55.42mmHg post 12 months of treatment with mean difference in Toe Pressure of 15.49mmHg, P=0.0001; and Mean Popliteal flow increase from 35.44cm/sec to 55.91cm/sec 12 months post treatment with Mean Difference in Popliteal Flow of 20.47cm/sec, P<0.0001.
30 day mortality was 99.4%.Mean Amputation free survival rate was 18 months with limb salvage rate at 5years of 94%. Freedom from MACE at 5 Years was 62.5%. All cause survival was 68.4%% at 5 years. Ten patients underwent AKA and one had BKA. Out of fifty four who died from their co morbidities only five patients lost their legs before death.

0690 **PREDICTING APPENDICITIS IN FEMALE PATIENTS WITH RIGHT ILIAC FOSSA PAIN: TOWARDS AN EFFICIENT PATIENT JOURNEY**
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Objectives: Right iliac fossa (RIF) pain in females creates diagnostic difficulty, resulting in management delay when ambiguity exists between surgical and gynaecological pathologies. We aim to identify differentiating predictive factors and formulate a management algorithm for these patients.
Methods: 141 female patients admitted under the surgeons with RIF pain were retrospectively reviewed. White cell count (WCC), C-reactive protein (CRP), βHCG, temperature, imaging (ultrasound or computerised tomography), gynaecology input, diagnosis and management were recorded.
Results: 80/141 patients had surgery. 59 had appendicectomies; 53 were appendicitis histologically. 25 cases were gynaecological, with less than half receiving gynaecological input. 18% of females of childbearing age did not have βHCG tested. Raised WCC/CRP were significantly associated with appendicitis; pyrexia was not. 10/12 scans correctly identified appendicitis. 64% of gynaecology cases had raised WCC/CRP. Results influenced the management of 70% of patients scanned, including those treated conservatively.
Conclusion: A simple algorithm, which includes laparoscopy for females presenting with RIF pain and raised WCC or CRP may reduce delay to definitive treatment and unnecessary investigations. Using this algorithm, 87% of patients with appendicitis would have undergone early laparoscopy and 22% of scans prevented. Such an approach can be cost-effective and ensure an efficient patient journey.

0691 **AVOIDING PITFALLS IN THE FAST-TRACKING OF HIP FRACTURES**
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Aims: To determine the safety of current Fast-tracking practice. To improve safety by introducing a checklist and re-audit to prove its effectiveness.
Methods: We recruited 61 patients over 2 months presenting to A&E with hip fractures. Medical notes were assessed using an evaluation tool by 2 investigators. A colour-coded checklist ensured adequate assessment and appropriate patient selection. This was an easily readable version of PARS (Patient At Risk Score) including other variables: age, injury mechanism, other injuries and oxygen saturations. Re-audit at 10 months.
Results: The initial audit identified 8 (of 61) patients inappropriately fast-tracked: two <60yrs; two with significant missed injuries; two with significant cardiac problems. The second audit identified 3 (of 46) patients inappropriately fast-tracked: 1 with a missed radial head fracture; 1 initial fracture was disproved; 1 had a PARS score of 4. All patients recovered uneventfully contrasting with the first cycle. The fast-tracking tool indentified 2 patients with significant medical co-morbidities who received urgent medical input before transfer.
Conclusion: We designed and introduced a simple tool allowing safe fast-tracking and have shown this to significantly reduce the number of inappropriate patients admitted with unstable medical conditions.

0693 **BLOOD TRANSFUSION PRODUCT REQUIREMENTS AND WASTAGE IN THORACOABDOMINAL ANEURYSM REPAIR**
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Objective: To evaluate the transfusion demand and product wastage during the first 48 hours of Thoracoabdominal aneurysm (TAA) repair surgery.
Methods: The transfusion department's database and patients' records were retrospectively analysed between 2004 and 2008.
Results: Average intraoperative blood transfusion requirements per patient for types II and III aneurysms were 12.1 RBC units and 1.9 platelet pools for open repair compared to 10.5 RBC units and 1.7 platelet pools for hybrid repair Average intraoperative blood transfusion requirements per patient for type IV aneurysms were 11.7 RBC units and 2.0 platelet pools for open repair compared to 4.3 RBC units and 0.0 platelet pools for FEVAR. Blood product wastage per patient intraoperatively and upto 48hrs post-operatively consisted of 0.2 and 0.1 RBC, 0.1 and 0.5 pools of platelets, 0.4 and 0.1 packs of FFP and 0.1 and 0.0 units of cryoprecipitate respectively. The wastage cost was £68.14 (intraoperatively) and £117.15 (upto 48hrs postoperatively) per patient. Overall, of the platelets requested but not actually transfused, 47% were wasted, a cost of £6670.
Conclusion: New protocols for volumes and timings of cross matching blood products and the use of a TEG® analyzer should reduce blood product wastage in modern endovascular repair of TAA.

0694 **A CASE FOR PROCEDURE-SPECIFIC CONSENT FORMS**
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Aim: Consent forms record a dynamic process necessitating time, clarity of explanation and patience. Procedure-specific consent forms provide better standardised, authoritative information leaving time to counsel patients, compared with generic forms. The aim was to compare how informed patients were of risks and benefits of surgery according to published guidelines, aided by generic or procedure-specific forms.
Methods: Sixty cases using generic consent forms for either Laparoscopic Sterilisation or Circumcision were sampled (groups A and B respectively). Additionally, twenty cases each of Cataract and Laparoscopic Nephrectomy (groups C and D respectively) with procedure-specific forms implemented were studied retrospectively. Data was evaluated against The Royal College of Surgeons set standards.
Results: Clear discrepancies in the delivery of accurate information arose where procedure-specific forms were not used. In group A, four of the nine major risks were never once specified. Two further risks were mentioned in only 10% of cases. In group B, one of nine major risks was omitted on all forms. Three other risks were omitted in over one-third of cases. Groups C and D demonstrated 100% compliance with recommended standards.
Conclusion: Implementation of procedure-specific consent forms is recommended across specialities to ensure efficient delivery of all recommended risks and benefits.

0695 **THE UTILIZATION OF MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY IN DETECTING CHOLEDOCHOLITHIASIS: A DISTRICT GENERAL HOSPITAL EXPERIENCE**
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Objectives: To investigate the use of magnetic resonance cholangiopancreatography (MRCP) in relation to diagnosing choledocholithiasis and to determine whether radiologic and laboratory information can be used as predictors for MRCP-evident choledocholithiasis.
Patients and Methods: Data were collected retrospectively from 100 consecutive MRCP requests starting in July 2009 at Barnsley Hospital NHS Foundation Trust. Data extracted from the request cards include MRCP indication and liver function test (LFT) results. If the LFTs were not noted on the request card, pre-MRCP LFTs were identified from ICE, an electronic results reporting system. Pre-MRCP transabdominal ultrasound results, MRCP and ERCP results were also collected.